U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - /3064

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

05 317-923-2596 Date Telephone Number

4. Name, file number, and address of labor organization.

Name Robert G Cadwell	Name International Brotherhood of Electrical Worker		
	Labor Organization File Number 032 084		
P.O. Box, Bldg., Room No., if any Suite # 205	P.O. Box, Building and Room Number, if any Suite # 205		
Street 1828 N. Meridian St.	Street 1828 N. Meridian St.		
City Indianapolis	City Indianapolis		
State Indiana ZIP Code + 4 46202	State Indiana ZIP Code + 4 46202		
5. Position in labor organization. Business Representative / Trustee			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this perjort (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's Knowledge and belief, true, correct, and complete. (See the section on penalties in the instruct ons.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Marco Consulting Group a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 54 West Hubbard Street Suite # 600 Chicago State Illinois ZIP Code + 4 60610 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Golf and lunch. Name Greg Kinczewski Trade Name, if any: P.O. Box, Bldg, Room No., if any Street 54 West Hubbard Street Suite # 600 11.b. Approximate dollar value of such dealing. \$62 City Chicago 12.a. Nature of interest held or income received. State Illinois ZIP Code + 4 60610 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or La (including trade name, if any).	abor Relations Consultant	,	14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Bus ness an Employer	or Consultant ?	)	14.b. Amount of payment.

File Number U-

## Part B Continuation Page

<u> </u>	9. Business deals with:
8. Name and address of Business (including trade name, if a	ny). 9. Business deals with.
Name 40/86 Advisors	
Trada Nama if any	a. Labor Organization
Trade Name, if any:	★ b. Trust
P.O. Box, Bldg., Room No., if any	★ b. Trust
Street 535 North College Drive	c. Employer
City Carmel	
State Indiana ZiP Code + 4 460	32
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Ray Simpson	INDY 500 SUITE INVATION
Trade Name if any:	
P.O. Box, Bldg., Room No., if any	
Street 535 Nough Calliana Busines	
Street 535 North College Drive	
City Carmel	
State Indiana ZIP Code + 4 460	22
Side Harana Zii Gode 14 400	<b>3</b>
	12.a. Nature of interest hald or income received.
	12.b. Amount.
	12.0. AHIQUIN.

#### Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Katz, Sapper & Miller	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 800 East 96th Street Suite # 500	c. Employer
City Indianapolis	
State Indiana ZIP Code + 4 46240	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Tim Almack	Golf and lunch
Trade Name if any:	
P.O. Box, Bldg., Room No., if any	
Street 800 East 96th Street Suite # 500	
City Indianapolis	
State Indiana ZIP Code + 4 46240	11.b. Approximate dollar value of such dealing. \$60
	12.a. Nature of interest held or income received.
	12.b. Amount,

Name	of Person	Filing	Robert	Cadwell

## Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Legacy	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	X b. Trust
Street	c. Employer
City Munster	
State Indiana ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Robert TIBERI	Room, golf & dinner
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City Munster	
State Indiana ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$513
	12.a. Nature of interest hald or income received.
	12.b. Amount.

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# Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name Legacy	a. Labor Organization
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	× b. Trust
Street 9301 Calumet Avenue Suite 1F	c. Employer
City Munster	
State Indiana ZIP Code + 4 46321	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Robert Tiberi	Dinner
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 9301 Calumet Avenue Suite 1F	
City Munster	
State Indiana ZIP Code + 4 46321	11.b. Approximate dollar value of such dealing. \$151
	12.a. Nature of interest held or income received.
	12.b. Amount.

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## Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name McDonnell Investments	a. Labor Organization
Trade Name, if any:	a. cabbi Orga lization
P.O. Box, Bldg., Room No., if any	× b. Trust
Street 1515 West 22nd Street	c. Employer
City Oak Brook	
State Illinois ZIP Code + 4 60523	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Mike Kamaradt	golf
Trade Name, if any:	
P.O. Box, Btdg., Room No., if any	
Street 1515 West 22nd Street	
City Oak Brook	
State Illinois ZIP Code + 4 60523	11.b. Approximate dollar value of such dealing. \$170
	12.a. Nature of interest held or income received.
	12.b. Amount.

## **Part B Continuation Page**

8. Name and address of Business (including trade name, if any).	9. Business deals with
Name Anthem	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	× b. Trust
Street 120 Monument Circle	c. Employer
City Indianap[olis	
State Indiana ZIP Code + 4 46202	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Herb Bazemore	Golf
Trade Name if any:	
P.O. Box, Bldg., Room No., if any	
Street 120 Monument Circle	
City Indianapolis	
State Indiana ZIP Code + 4 46202	
State Indiana Zir Code 1 4 46202	11.b. Approximate dellar value of such dealing. \$60
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name	of	Person	Filina	Pohert	Cadwell

## Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with.	
Name Lord Abbett	a. Labor Organization	
Trade Name, if any:	a. Labor Organización	
P.O. Box, Bldg., Room No., if any	× b. Trust	
Street 90 Hudson Street	c. Employer	
City Jersy City		
State New Jersey ZIP Code + 4 07302		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Mike Hoover	Snacks and show.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 90 Hudson Street		
City Jersy City		
State New Jersey ZIP Code + 4 07302	11.b. Approximate dollar value of such dealing. \$100	
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

Name of Person Filing	Robert	Cadwell
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## Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deafs with:
Name Anthem	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 120 Monument Circle	c. Employer
City Indianapolis	
State Illinois ZIP Code + 4 46202	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Herb Bazemore	Golf
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 120 Monument Circle	
City Indianpolis	
State Indiana ZIP Code + 4 46202	11.b. Approximate dollar value of such dealing. \$60
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing	Robert	Cadwell
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# Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Electrical Workers Benefit Trust	a Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street 1828 North Mreidian Street	c. Employer	
City Indianapolis		
State Indiana ZIP Code + 4 46202		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Ron Ehrgott	Lunch for trust meeting.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 1828 North Meridian Street		
City Indianapolis		
State Indiana ZIP Code + 4 46202	11.b. Approximate dollar value of such dealing. \$10	
	12.a. Nature of interest held or income received.	
	12.b. Amount.	

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#### Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with
Name Electrical Workers Benefit Trust  Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	× b. Trust
Street 1828 North Meridian Street	c. Employer
City Indianapolis	
State Indiana ZIP Code + 4 46202	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Ron Ehrgott	Half of reimbursement for marco confrence registration, hetel room, airfare, car rental.
Trade Name if any:	
P.O. Box, Bldg., Room No., if any	
Street 1828 North Mreidian Street	
City Indianapolis	
State Indiana ZIP Code + 4 46202	11.b. Approximate dollar value of such dealing. \$1,608
	12.a. Nature of interest hald or income received.
	12.b. Amount.

## Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Indiana Electrical Workers Pension Trust	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	X b. Trust
Street 1828 North Meridian Street	c. Employer
City Indianapolis	
State Indiana ZIP Code + 4 46202	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Ron Ehrgott	Half or reimbursement for marco confrence registration, hotel room, airfare, car rental.
Trade Name, if any:	
P.O. Box, Blcg., Room No., if any	
Street 1828 North Meridian Street	
City Indianapolis	
State Indiana ZIP Code + 4 46202	11.b. Approximate dollar value of such dealing. \$1,608
	12.a. Nature of interest held or income received.
	12.b. Amount.